

# PATENT APPLICATION

## DECLARATION FOR PATENT APPLICATION

ATTORNEY DOCKET NO. PP020662.0006

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: IMMUNOGENIC COMPOSITIONS FOR CHLAMYDIA TRACHOMATIS the specification of which is filed herewith unless the following box is checked:

☒ was filed on August 31, 2006 as U.S. National Stage of PCT No. PCT/US2005/006588 filed on March 2, 2005. The U.S. National Stage application has now been assigned U.S. Application No. 10/561,236.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose information known to me which is material to patentability as defined in 37 CFR 1.56.

### Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 or 365 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119

### Prior United States Provisional Application(s)

We hereby claim priority benefits under Title 35, United States Code, 119(e)(1) of any U.S. provisional application listed below:

U.S. Provisional Application No.	Date of Filing (day month year)	Priority Claimed Under 35 U.S.C. 119(e)(1)
60/549,832	2 March 2004	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>
60/643,110	12 January 2005	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>
60/644,552	19 January 2005	YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/>

### Prior United States Application(s)


We hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Date of Filing (Day, Month, Year)	Status Patented, Pending, Abandoned

## DECLARATION FOR PATENT APPLICATION

ATTORNEY DOCKET NO. PP020662.0006

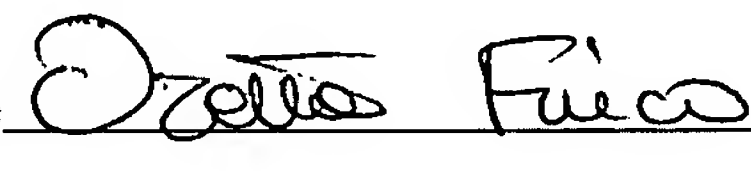
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature  Date August 2<sup>nd</sup>, 2007

Full Name of First Inventor Grandi Guido  
Family Name First Given Name

Residence 9 STRADA, 4 SEGRATE 20090 (MI) Citizenship IT

Post Office Address c/o Novartis Vaccines and Diagnostics, Inc., P.O. Box 8097, Emeryville, CA 94552-8097

Signature  Date August 8<sup>th</sup>, 2007

Full Name of First Inventor Finco Oretta  
Family Name First Given Name

Residence VIA RINASCENTE 2, 53040 RAPOLANO TERME (SI) Citizenship IT

Post Office Address c/o Novartis Vaccines and Diagnostics, Inc., P.O. Box 8097, Emeryville, CA 94552-8097

Signature  Date August 7<sup>th</sup> 2007  
Legal Representative of Giulio Ratti (deceased)

Printed Name: Lehtova Livia

Residence Via Cittadini 13 Siena Citizenship IT

Post Office Address c/o Novartis Vaccines and Diagnostics, Inc., P.O. Box 8097, Emeryville, CA 94552-8097

Full Name of Second Inventor Ratti Giulio (deceased)  
Family Name First Given Name

Residence Via Cittadini 13, 53100 Siena Citizenship IT

Post Office Address c/o Novartis Vaccines and Diagnostics, Inc., P.O. Box 8097, Emeryville, CA 94552-8097

DECLARATION FOR PATENT APPLICATION

ATTORNEY DOCKET NO. PP020662.0006

Signature Alessandra Bonci Date August 6<sup>th</sup>, 2007

Full Name of First Inventor Bonci Alessandra  
Family Name First Given Name

Residence VIA BONAGUIDA LUCARI N.34 Citizenship IT  
TAVERNE D'ARBIA (SIENA)

Post Office Address c/o Novartis Vaccines and Diagnostics, Inc., P.O. Box 8097, Emeryville, CA 94552-8097

**PATENT**

IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EP/US)

<i>In re</i> Application of:	)	
	)	Confirmation No.: 6065
Grandi et al.	)	
	)	Group Art Unit: 1645
Intl. Application No.: PCT/US2004/020491	)	
U.S. Application No.: 10/561,236	)	
	)	Atty. Dkt. No.: PP020662.0006
I.A. Filing date: June 25, 2004	)	

For: IMMUNOGENIC COMPOSITIONS FOR CHLAMYDIA TRACHOMATIS

**NOTIFICATION THAT INVENTOR IS DECEASED**

Mail Stop PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This filing is to notify the U.S. Patent and Trademark Office that the inventor, Giulio Ratti, is deceased. The Assignee of the application desires to continue with the application. Attached are an Assignment and a Declaration For Patent Application for the above-referenced application.

Respectfully submitted,

NOVARTIS VACCINES AND DIAGNOSTICS, INC.

By: \_\_\_\_\_

Helen Lee  
Registration No. 39,270  
Telephone: (510) 923-2192  
Facsimile: (510) 655-3542

Date: *August 14, 2007*